



OPCC'S CORE 7 MODEL

PARTICIPANTS

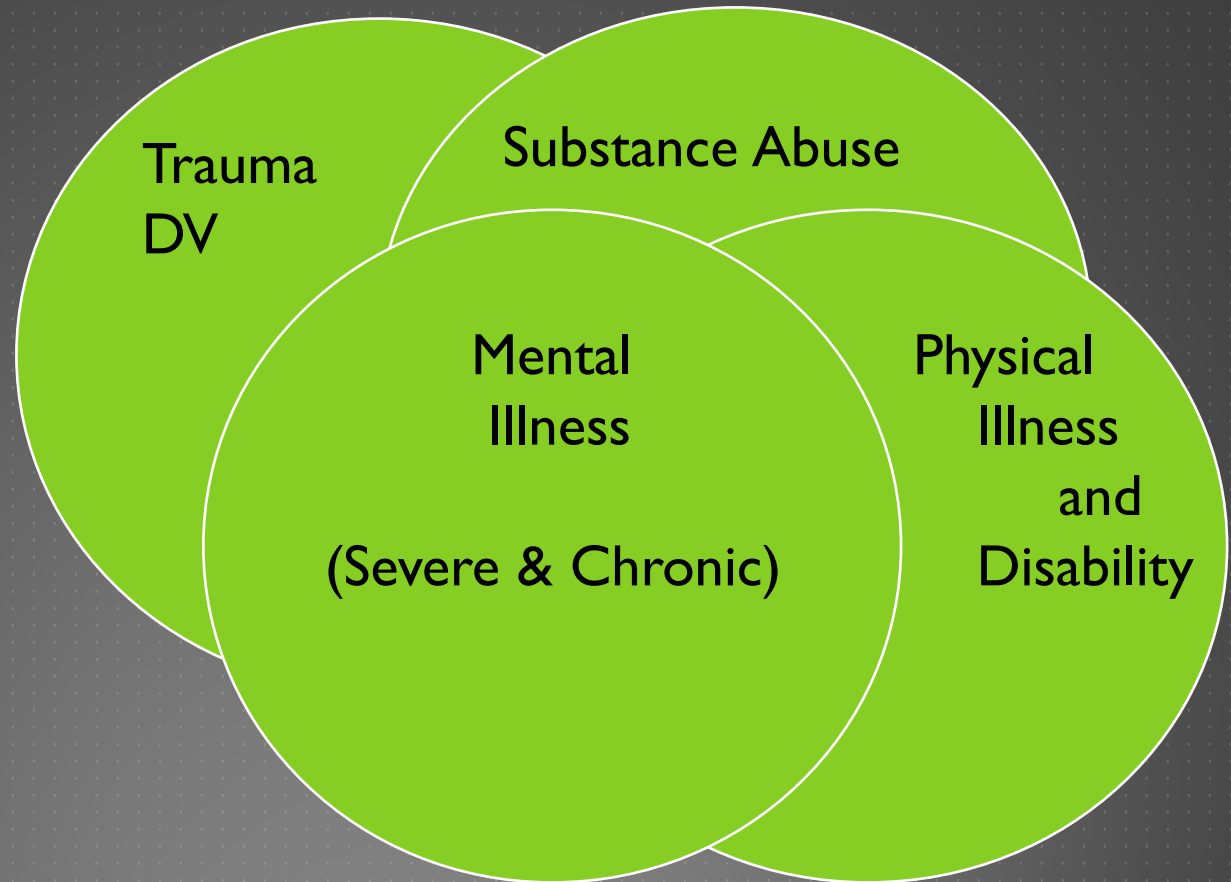
Moderator:

Christina Miller, Ph.D., Associate Director, OPCC

Panelists:

- Allison Peters, Psy.D., Program Manager, IMHT, OPCC
- Pat Butler, Project Director, Sojourn, OPCC
- Patricia Bauman, Project Director, Turning Point, OPCC
- Luther Richert, Project Director, SAMOSHEL, OPCC
- Marrisa Axelrod, R.N., Nursing Coordinator, OPCC
- Coley King, D.O., Physician, Venice Family Clinic

Who Are Our Clients?



OUR CLIENTS....

- More than 90% have serious mental illness.
- More than 60% have a significant health problem.
 - 47% have a health problem that is so severe that it qualifies as a disability.
- More than 50% have substance addiction.
- More than 85% of our chronically homeless female clients are victims of DV, sexual assault or molestation. A number have current DV in their lives.

THE TIPPING POINT

- Lack of financial resources
- Lack of supports
- Level of vulnerability and disability

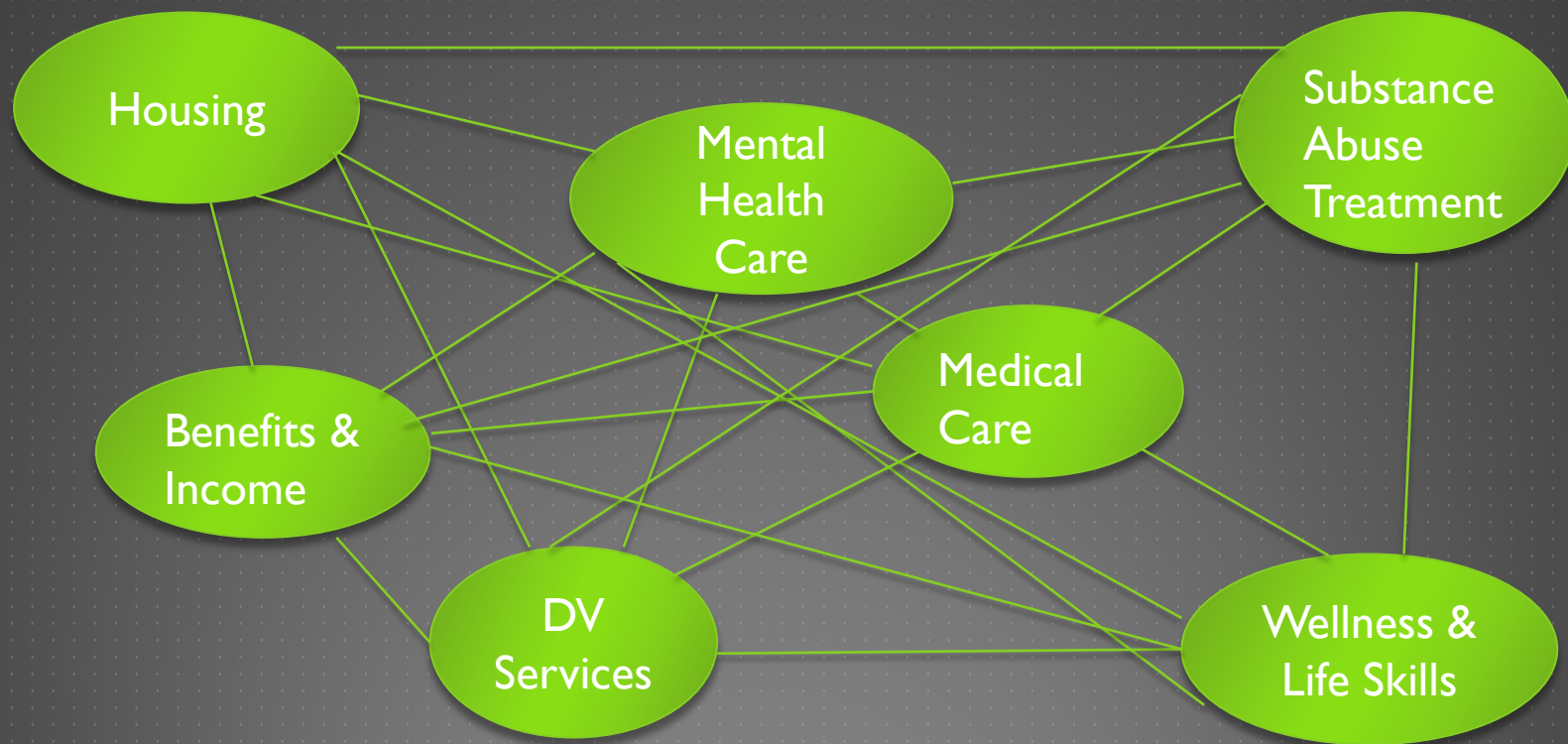
Barriers:

- Too hard to access services
- Services are separated; too hard to combine what's needed


Chronic
Homelessness
& Increasing
Disability



7 CORE INTEGRATED SERVICES



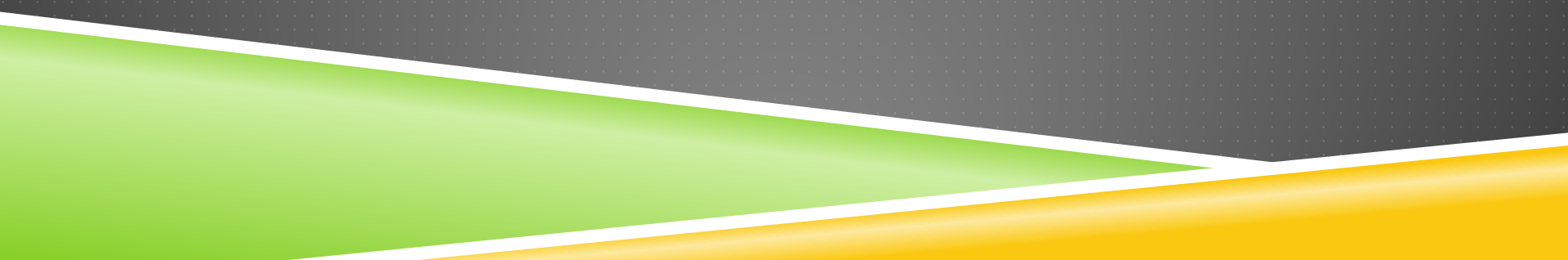
OUR INTEGRATED SERVICES

- ▶ Housing --- interim and permanent
 - ▶ Mental Health
 - ▶ Integrated into every program
 - ▶ Field based care (street and home)
 - ▶ HOME Team
 - ▶ Medical Care
 - ▶ Primary Care --- Exam suite and field based
 - ▶ Wellness Beds
 - ▶ Onsite Nurse
 - ▶ Prevention & Education
 - ▶ Domestic Violence Services
- 

OUR INTEGRATED SERVICES (CONT.)

- ▶ Substance Abuse Treatment
 - ▶ Harm reduction
 - ▶ Wellness Program
- ▶ Income assistance
 - ▶ Benefits
 - ▶ Stipend program
- ▶ Life Skills

OPCC MEASURES CLIENT WELLBEING FACTORS OVER TIME:

- Are clients taking care of themselves physically?
 - Are they depressed, anxious or experiencing specific psychiatric symptoms?
 - Are they in contact with others?
 - Do they have relationships, friends, a community?
 - Do they have meaningful activities?
 - Are they abusing substances?
 - Do they feel self-sufficient, independent, in control?
- 

OUR OUTCOMES: SOCIAL RELATIONSHIPS

- Our SAMHSA-funded research shows that homeless individuals have more social relationships than we had previously thought.
 - Over half (54%) reported (BEFORE they began services) that they had people with whom they could do enjoyable things and that they felt they belonged to a community.
 - Many (62%) reported (BEFORE they began services) that they were happy with the friendships they had.
- 

SOME INDICATORS OF SOCIAL CONNECTEDNESS DECREASE AT 6-MONTH FOLLOW-UP & INCREASE AT 12-MONTHS:

- Percentage of clients who reported that they were happy with friendships decreased slightly at 6 months from baseline measures.
- Clients who reported that they would have the support they needed decreased slightly.
- Clients who felt they belonged to a community decreased from 58% at baseline to 44% at the 6-month follow-up.
- These decreases are perceived to be connected to the disruptions in social relationships as clients move off of the streets and become housed.

Moving into one's own apartment can be lonely...

- **So OPCC provides highly intensive services during this period of change.**

COMMUNITY INTEGRATION AT 12 MONTHS

Community Integration	Baseline %	12 Months %
“Would have support they needed from family or friends in a crisis.”	42	69
“Have people with whom they can do enjoyable things.”	56	69
“Happy with the friendships they have.”	60	76
“Feel they belonged in their community.”	54	71

SOCIAL CONTACT AT 12 MONTHS

- More clients reported visiting with someone they do not live with at the 12-month follow-up (74%) when compared to the baseline responses (56%).
- Phone contact with “someone they do not live with” was high at both baseline (78%) and at 12-month follow-up (79%).
 - Underscores that homeless individuals use the phone as a means of contact before engaging in services and after being housed.
- Few clients have romantic relationships at baseline (31%) and at the 12-month follow-up (27%).

AT THE 12-MONTH FOLLOW-UP, CLIENTS SHOW MENTAL HEALTH IMPROVEMENTS ACROSS MULTIPLE MEASURES:

Mental Health Symptoms	Baseline %	12 Months %
“So depressed nothing could cheer them up.”	68	44
Felt everything was an effort “at least a little of the time.”	93	64
Feeling worthless “at least a little of the time.”	69	40

MENTAL HEALTH IMPROVEMENTS AT 12 MONTHS (CONTINUED):

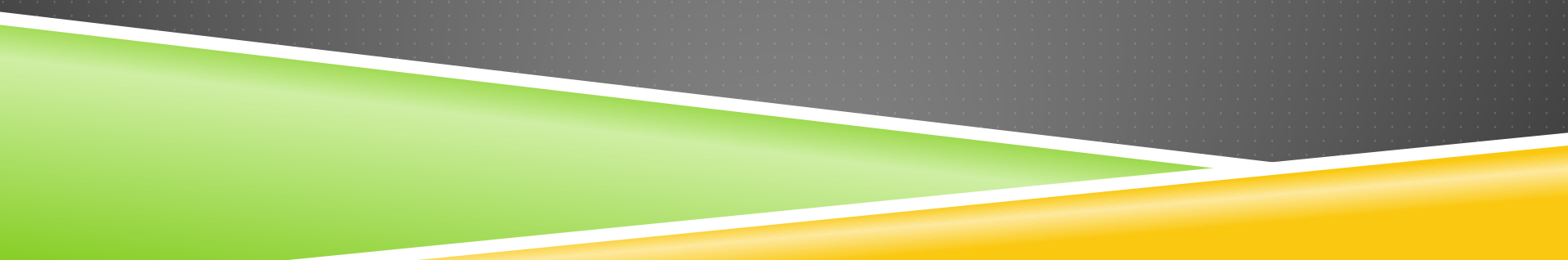
Mental Health Symptoms	Baseline %	12 Months %
Some hopelessness “at least a little of the time.”	77	47
Restless “at least a little of the time.”	77	64
Nervousness “at least a little of the time.”	81	71

Mean Global Assessment of Function (GAF) Score increased from 36.6 at baseline to 43.6 at 12 months.

SELF-DETERMINATION & FEELINGS OF CONTROL OVER ONE'S LIFE:

- The mean score for “Perceived Choice in One’s Actions” increased from 15.2 at baseline to 18.1 at the 12-month follow-up.
- This was a significant change for this measure that indicates that clients felt more control over their actions after receiving services.
- “Locus of Control” is a construct that psychologists have studied for years.
 - Having a more “Internal Locus of Control” (feeling you determine outcomes in your own life) rather than a more “External Locus of Control” (feeling that things just happen to you) has been found to be linked with improved mental and physical health.

OTHER QUALITY OF LIFE OUTCOMES:

- The majority of clients reported that they engaged in some sort of activity when they had free time at both baseline and 12-month follow-up.
 - Activities included reading a book, going for a walk, or working on a hobby.
 - But at 12-months, more clients reported feeling positive about how they spend their free time (66%) as compared with baseline (42%).
 - Not surprisingly, at 12-month follow-up, more clients reported having sufficient money for food, clothing, medical needs and social activities.
- 





For more information, contact:
Christina Miller, PH.D.
Associate Director
OPCC
chmiller@opcc.net